

General

Title

Toxicology: percentage of correct digestive decontamination in drug intoxications.

Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of correct digestive decontamination in drug intoxications.

Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater importance: critical patients are more vulnerable, access to critical care is more limited so efforts to distribute resources equitably are more important, scant scientific evidence is available, and the efficiency is limited.

Digestive decontamination (DD) is one of the preferred techniques in the arsenal of treatments for intoxication. Appropriate DD reduces toxicity in intoxications brought about by oral ingestion. Delay reduces the efficacy of the measure. However, its use in patients without indications can increase morbidity and mortality. The appropriate indications depend on: the type of drug, the dose, the time since ingestion, and the clinical status.

Evidence for Rationale

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Vale JA, Kulig K, American Academy of Clinical Toxicology, European Association of Poisons Centres and Clinical Toxicologists. Position paper: gastric lavage. J Toxicol Clin Toxicol. 2004;42(7):933-43. [50 references] [PubMed](#)

Zimmerman JL. Poisonings and overdoses in the intensive care unit: general and specific management issues. Crit Care Med. 2003 Dec;31(12):2794-801. [90 references] [PubMed](#)

Primary Health Components

Toxicology; drug intoxication; digestive decontamination

Denominator Description

Total number of drug intoxications in patients discharged from the critical care department (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of correct digestive decontamination (DD) in drug intoxications (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Intensive Care Units

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Total number of drug intoxications in patients discharged from the critical care department

Population: Patients intoxicated by oral ingestion discharged from the critical care department during the period reviewed.

Exclusions

Ingestion of caustic substances, whether acids or bases, or other corrosive substances
Clinical presentation suggestive of acute abdomen

Mild intoxication

Excessive delay between ingestion and medical attention

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of correct digestive decontamination (DD) in drug intoxications

Note:

Digestive decontamination: Any substance administered or procedure performed with the aim of preventing the digestive absorption of a toxic substance: syrup of ipecac, activated carbon, polyethylene glycol, gastric lavage/aspiration, or cathartic
Correct indications and methods: According to established criteria. Correct means that DD was not performed when not indicated and was performed when indicated using the right method as specified in the algorithm. Refer to the original measure documentation for additional details.

Exclusions

Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Standard: greater than 90%

Evidence for Prescriptive Standard

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Identifying Information

Original Title

Correct indications and methods of digestive decontamination (DD) in acute intoxication.

Measure Collection Name

Quality Indicators in Critically Ill Patients

Measure Set Name

Toxicology

Submitter

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Developer

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Funding Source(s)

Boehringer Laboratories

Composition of the Group that Developed the Measure

Work Group for Toxicology

Indalecio Morán Chorro
Luis Marruecos Sant
Francisco Felices Abad
José Luis Espinosa Berenguel
Cesar Palazón Sánchez
Isabel Cremades Navalón
Lisa Ortín Katnich
Fátima Martínez Lozano
Martín Vigil Velis
Carmen Susarte Juliá
Emilia Civeira Murillo
Antonia Socías Crespi

Scientific Coordination:

Maria Cruz Martín Delgado
Jesús Blanco Varela
Lluís Cabré Pericas
Pedro Galdos Anuncibay
Federico Gordo Vidal

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2011 Mar

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

2016 Jul

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in May 2016.

Measure Availability

Source available in [English](#) and [Spanish](#) from the Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC) Web site.

For more information, contact SEMICYUC at Paseo de la Reina Cristina, 36, 4^o D, Madrid, Spain; Phone: +34-91-502-12-13; Fax: +34-91-502-12-14; Web site: www.semicyuc.org ; E-mail: secretaria@semicyuc.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on January 15, 2014. The information was verified by the measure developer on February 26, 2014.

The information was reaffirmed by the measure developer on May 10, 2016.

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Production

Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

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